

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/914198
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						
3						
4		3				
5	1		1		1	
6						
7						
8		3				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1		1		1	
15						
16		2				
17		1				
18		1				
19		1				
20		1				
21		1				
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47						
48						
49						
50						
TOTAL IND.		3		5		
TOTAL DEP.		22		18		
TOTAL CLAIMS		25		23		

	* 1		* 2		* 3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS